

**REEVALUATION OF ADMISSION CREDENTIALS**

Student Name:

Student ID:

Current Address:

Email:

Phone:

Degree/Program:

To the department, please reevaluate the credentials of the above named student.

Based on the evaluation, a change in status is recommended as indicated below:

**FROM**

**TO**

Graduate Regular

Graduate Regular

Conditional

Conditional

Certification/Non-Degree

Certification/Non-Degree

Rejection

Rejection

Please use the space below to explain reason for recommendation:

**Recommended by:**

Advisor/Coordinator Name:

Signature & Date:

**Approved by:**

Department Head:

Signature & Date:

Academic Dean:

Signature & Date:

Graduate School Dean:

Signature & Date: